ত্
盔
$\overline{\mathbf{Z}}$
Ų
б
Ö

1 Č Recip Camp Covel

Recipient Committee			Date Stamp		LIFORNIA ACO
Campaign Statement Cover Page	12				FORM 400
(Government Code Sections 84200-84216.5)		1-			
	Statement covers period	Date of election if applicable:		Pac	Page 1 of 8
	from10/23/2016	(Month, Day, Year) 건설 기술	2017 JRW 27 PM 1 F2		r Official U
SEE INSTRUCTIONS ON REVERSE	through 12/31/2016	11/08/2016		!	
1. Type of Recipient Committee: All Committees - Complete Parts	Complete Parts 1, 2, 3, and 4,	2. Type of Statement:	CLERICS OF		
Officeholder, Candidate Controlled CommitteeState Candidate Election Committee	Primarily Formed Ballot Measure Committee	Preelection Statement Semi-annual Statement		Cuarterly Statement Special Odd-Year Re	Quarterly Statement Special Odd-Year Report
() Recall (Also Complete Part 5)	Controlled Sponsored	☐ Termination Statement (Also file a Form 410 Termination)	ermination)	Supplemer Statement	Supplemental Preelection Statement - Attach Form 495
☐ General Purpose Committee ☐ ○ Sponsored	Primarily Formed Candidate/	☐ Amendment (Explain below)	elow)		
Small Contributor Committee Political Party/Central Committee	Officeholder Committee (Also Complete Part 7)				
3. Committee Information	LD. NUMBER 1342332	Treasurer(s)	1		7
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	E)	NAME OF TREASURER			
Patino for Mayor 2016		Tom Martinez			
		MAILING ADDRESS			
		2624 Air Park Dr.			
STREET ADDRESS (NO P.O. BOX)		CITY	STATE	E ZIP CODE	AREA CODE/PHONE
2624 Airpark Drive		Santa Maria	ð	93455	(805) 934-5737
CITY STATE ZIP (ZIP CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY	RER, IF ANY		
Santa Maria CA 934	93455 (805) 934-5737	Trent Benedetti			
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX). BOX	ADDRESS E			
		1 S. College Dr.,	Ste. 101	-1	
CITY STATE ZIP (ZIP CODE AREA CODE/PHONE	CITY	STATE	7	AREA CODE/PHONE
		Santa Maria	CA	93455	
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS	RESS		
tom@martinezassoc.net					

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

By TASAN Signature of Treasurer Signature of Signature of Treasurer	By Signature of Controlling Office Molder, Candidaria, State Measure Proponent or Responsible Officer of Sponsor	BySignature of Confrolling Officeholder, Candidate, State Measure Proponent	BySignature of Controlling Officeholder, Candidate, State Measure Proponent
Executed on Date	Executed on 1-26-2017 Date	Executed on Date	Executed on

FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov FPPC Form 460 (Jan/2016)

Recipient Comr Campaign State Cover Page —

Recipient Committee Campaign Statement Cover Page — Part 2			CALIFORNIA FORM Page 2	LIFORNIA 460 FORM 460
5. Officeholder or Candidate Controlled Committee	O	6. Primarily Formed Ballot Measure Committee	sure Committee	
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE		
Alice Patino OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) Mayor	JMBER IF APPLICABLE)	BALLOT NO. OR LETTER JURI	JURISDICTION	SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY	STATE ZIP	I amount of the month of the property of the p	soom otets as otekibuse so	yan ji janaadaa oo
2624 Airpark Drive Santa	Santa Maria CA 93455	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	or PROPONENT	ne proporent, n any.
Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.	nent: List any committees e primarily formed to receive acy.	OFFICE SOUGHT OR HELD	DISTRICT	DISTRICT NO. IF ANY
COMMITTEE NAME	I.D. NUMBER	-	-	
NAME OF TREASURER	CONTROLLED COMMITTEE?	 Primarily Formed Candidate/Onicenoider Committee List no officeholder(s) or candidate(s) for which this committee is primarily formed. 	JOMICENOIDER COMMILLER nich this committee is primarily	List names of formed.
COMMITTEE ADDRESS (NO P.O. BOX)	,	NAME OF OFFICEHOLDER OR CANDIDATE	ATE OFFICE SOUGHT OR HELD	LD SUPPORT OPPOSE
CITY STATE ZIP CODE	: AREA CODE/PHONE	NAME OF OFFICEHOLDER OR CANDIDATE	ATE OFFICE SOUGHT OR HELD	LD SUPPORT
COMMITTEE NAME	I.D. NUMBER	NAME OF OFFICEHOLDER OR CANDIDATE	ATE OFFICE SOUGHT OR HELD	LD SUPPORT
NAME OF TREASURER	CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OR CANDIDATE	ATE OFFICE SOUGHT OR HELD	LD SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)				
CITY STATE ZIP CODE	AREA CODE/PHONE	Attach cor	Attach continuation sheets if necessary	

nainn Dieclaeura Statamant		
nary Page	Amounts may be rounded to whole dollars.	Statement covers p
		from 10/23/20

SUMMARY PAGE

FPPC Form 460 (Jan/2016) 460 *Amounts in this section may be different from amounts Total to Date 7/1 to Date Calendar Year Summary for Candidates ω Running in Both the State Primary and Cumulative Expenditures Made* **Expenditure Limit Summary for State** (if Subject to Voluntary Expenditure Limit) ₹ CALIFORNIA S I.D. NUMBER FORM Page 3 8 1342332 3 1/1 through 6/30 **General Elections** Date of Election reported in Column B. S period (mm/dd/yy) Expenditures Contributions 016 12/31/2016 Candidates Received Made 20. 7 through amounts in Column A to the for this calendar year, only To calculate Column B, add from Column B of your last Column A may be negative 0.00 0.00 subtracted from previous the first report being filed 0.00 00.0 20,820.20 0.00 28,319.00 28,319.00 20,820.20 report. Some amounts in period amounts. If this is from Lines 2, 7, and 9 (if any). 28,319.00 20,820.20 corresponding amounts carry over the amounts figures that should be CALENDAR YEAR TOTAL TO DATE Column B S 69 69 6 00.0 0.00 00.0 00.0 00.0 0.00 0.00 8,346.36 4,800.64 5,900.00 5,900.00 00.0 5,900.00 2,354.28 354.28 2,354.28 5,900.00 TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) 2,354. Column A 7 မာ S ø G () မာ ↔ 69 69 S 19. Outstanding Debts Add Line 2 + Line 9 in Column B above 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 Schedule B, Part 2 See instructions on reverse Schedule C, Line 3 Add Lines 6 + 7 Schedule F, Line 3 Schedule C, Line 3 Previous Summary Page, Line 16 Schedule I, Line 4 Column A, Line 8 above Schedule E, Line 4 Schedule H, Line 3 Column A, Line 3 above Schedule A, Line 3 Schedule B, Line 3 Add Lines 1+2 Cash Equivalents and Outstanding Debts 14. Miscellaneous Increases to Cash Nonmonetary Contributions Monetary Contributions If this is a termination statement, Line 16 must be zero. 18. Cash Equivalents TOTAL CONTRIBUTIONS RECEIVED SUBTOTAL CASH CONTRIBUTIONS 17. LOAN GUARANTEES RECEIVED Accrued Expenses (Unpaid Bills) SUBTOTAL CASH PAYMENTS **Current Cash Statement Contributions Received** 15. Cash Payments...... 10. Nonmonetary Adjustment ... 12. Beginning Cash Balance. SEE INSTRUCTIONS ON REVERSE **Expenditures Made** Payments Made Loans Made..... Cash Receipts Patino for Mayor 2016 Loans Received NAME OF FILER Campa Summ

4.

က ci

ဖ

œ

Monetary Contributions Received Schedule A

Amounts may be rounded to whole dollars.

CALIFORNIA Page 4 FORM Statement covers period 12/31/2016 10/23/2016 through from

SCHEDULE A 460

I.D. NUMBER

ω

ð

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

300.00 G2016 CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) 300.00 AMOUNT RECEIVED THIS PERIOD IF AN INDIVIDUAL, ENTER
OCCUPATION AND EMPLOYER
(IF SELF-EMPLOYED, ENTER NAME
OF BUSINESS) CONTRIBUTOR CODE * FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (PCOMMITTEE, ALSO ENTER I.D., NUMBER) the Central Patino for Mayor 2016 DATE RECEIVED

\$300.00

PER ELECTION TO DATE (IF REQUIRED)

1342332

\$2,000.00

2,000.00 G2016

2,000.00

Restaurateur McMogul, Inc.

\$100.00

100.00 G2016

100.00

Retired N/A

\$500.00

500.00 G2016

500.00

Owner Rancho Bowl

SCC SCC

\$500.00

500.00 G2016

500.00

Farmer Sharer Bros Farming

MIND COM

□ IND □ IND □ OTH □ SCC IND COM OTH SCC Home Builders Association of Coast PAC (ID# 1279679)
246 Higuera St. P.O. BOX 748
San Luis Obispo, CA 93406 10/24/2016 10/24/2016

Cheryl Maddux 1727 Cambridge Way Santa Maria, CA 93454

93454 ð Mary Johnson 805 Beth Ct Santa Maria, 10/28/2016

Viki Murray 312 E. Las Flores Way Santa Maria, CA 93454 10/28/2016

10/28/2016

Rd 93454 Randy Sharer 777 Foxen Canyon Santa Maria, CA

Schedule A Summary

(Include all Schedule A subtotals.) Amount received this period – itemized monetary contributions.

2. Amount received this period – unitemized monetary contributions of less than \$100

3. Total monetary contributions received this period.

(other than PTY or SCC) IND – Individual COM – Recipient Committee *Contributor Codes

3,400.00

SUBTOTAL \$

OTH - Other (e.g., business entity) PTY - Political Party SCC - Small Contributor Committee

150.00 5,750.00

8 6

FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov FPPC Form 460 (Jan/2016)

5,900.00

SCHEDULE A (CONT.)

Monetary Contributions Received Schedule A (Continuation Sheet)

NAME OF FILER

Amounts may be rounded to whole dollars.

œ of O CALIFORNIA FORM I.D. NUMBER Page __ Statement covers period 10/23/2016 12/31/2016 through from

NAME OF THE							
Patino for Mayor 2016	ayor 2016				1342332	332	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SEIF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)	TION TE RED)
11/04/2016	Joseph Doud 1284 West Main Street Santa Maria, CA 93458	IND COM OTH SCC	Owner Pacific Coast Produce	700.00 Received through intermediary: Pacific Cosate Produce 1284 Mest Main Street Santa Maria, CA 93455			\$700.00
11/04/2016	Mark Smith 1284 West Main Street Santa Maria, CA 93458	IND COM COTH CPTY SCC	Comptroller Pacific Coast Produce	150.00 Received through intermediary: secrite Coast Produce 1284 West Main Street Santa Maria, CA 93455		G2016	\$150.00
11/17/2016	Betteravia Farms LLC 1850 W Stowell Rd Santa Maria, CA 93458	IND COM OTH PTY		500.00	500.00		\$500.00
12/19/2016	The Towbes Group 21 E. Victoria Street #200 P.O. BOX 20130 Santa Barbara, CA 93120	IND COM STATE OTH COM		1,000.00	1,000.00 G2016		\$1,000.00
		OTH OTH SCC					
			SUBTOTAL\$	2,350.00			

*Contributor Codes

IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov SCHEDULE E

CALIFORNIA

Statement covers period

Payments Made Schedule E

Amounts may be rounded to whole dollars.

FORM Page 6 10/23/2016 12/31/2016 through from _

of I.D. NUMBER 1342332 SEE INSTRUCTIONS ON REVERSE NAME OF FILER Patino for Mayor 2016

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

3	CODES: If other of the following codes accurately describes to	<u>.</u>	following codes acculately describes the payment, yearing chief the code: existing, account in	5	, d ,
O	ja/misc.	MBR	MBR member communications	RAD	RAD radio airtime and
SNS		MTG	Se		RFD returned contrib
E C	contribution (explain nonmonetary)*	OFO C	office expenses	SAL	campaign worke
SSC	civic donations	臣	petition circulating	囯	t.v. or cable airti
	candidate filing/ballot fees	웊	phone banks	<u>R</u>	candidate travel
2	fundraising events	짇	polling and survey research	TRS	staff/spouse trav
2	independent expenditure supporting/opposing others (explain)*	<u>8</u>	postage, delivery and messenger services	돐	transfer between
Ë	legal defense	8	professional services (legal, accounting)	VOT	voter registratio
5	LIT campaign literature and mailings	꿆	print ads	WEB	WEB information tech

civic donations	PET petition circulating	旦	t.v. or cable airtime
candidate filino/ballot fees	PHO phone banks	E S	candidate travel, lod
fundraising events	POL polling and survey research	TRS	TRS staff/spouse travel,
independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	돲	transfer between co
legal defense	PRO professional services (legal, accounting)	VO	voter registration
campaign literature and mailings	PRT print ads	WEB	information technolo

	RAD AD	RAD radio airtime and production costs
	문	returned contributions
	SAL	campaign workers' salaries
	旦	t.v. or cable airtime and production costs
	EC TRC	candidate travel, lodging, and meals
	TES	staff/spouse travel, lodging, and meals
vices	T.	TSE transfer between committees of the same cand

	in manage and an income and an income	S
orting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
	PRO professional services (legal, accounting)	VOT voter registration
S	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Desiree Menchaca 3100 Stocker St #6 Los Angeles, CA 90008	SAL		48.00
Teresa Menchaca 429 El Cerrito Dr. Santa Maria, CA 93455	TRS	reimburse expense	82.22
Morrison Media Services 4405 Kapalua Drive PO Box 5186 Santa Maria, CA. 93455	TEL		275.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	rized on S	chedule D. SUBTOTAL\$	405.22

Schedule E Summary

2,0/1.02	283.26
1. Itemized payments made this period. (Include all Schedule E subtotals.)	2 Unitemized payments made this period of under \$100

00.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)

^{2,354.28}

SCHEDULE E (CONT.)

(Continuation Sheet) Payments Made Schedule E

Amounts may be rounded to whole dollars.

9 CALIFORNIA FORM I.D. NUMBER Page 7 Statement covers period 10/23/2016 12/31/2016 through_ from.

œ

1342332

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Patino for Mayor 2016

radio airtime and production costs describe the payment. If one of the following codes accurately describes the payment, you may enter the code. Otherwise, CODES:

meetings and appearances member communications campaign paraphernalia/misc. campaign consultants

petition circulating office expenses contribution (explain nonmonetary)*

civic donations

CAB CAB CAB

2 2⁹5

O.

postage, delivery and messenger services professional services (legal, accounting) print ads polling and survey research phone banks independent expenditure supporting/opposing others (explain)* candidate filing/ballot fees fundraising events

campaign literature and mailings

legal defense

transfer between committees of the same candidate/sponsor t.v. or cable airlime and production costs candidate travel, lodging, and meals staff/spouse travel, lodging, and meals campaign workers' salaries returned contributions voter registration

RAD

information technology costs (internet, e-mail)

192.00 86.94 AMOUNT PAID DESCRIPTION OF PAYMENT reimburse travel expenses 윉 CODE SAL TRS NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD, NUMBER) 3100 Stocker St #6 Los Angeles, CA 90008 3100 Stocker St #6 Los Angeles, CA 90008 Desiree Menchaca Desiree Menchaca

132.00 SAL Joshua Menchaca 429 El Cerrito Drive Santa Maria, CA 93455

reimburse travel expense TRS Joshua Menchaca 429 El Cerrito Drive Santa Maria, CA 93455

Teresa Menchaca 429 El Cerrito Dr. Santa Maria, CA 93455

SUBTOTAL \$ * Payments that are contributions or independent expenditures must also be summarized on Schedule D.

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) FPPC Form 460 (Jan/2016) www.fppc.ca.gov

725.66

219.67

reimburse expenses

TRS

95.05

SCHEDULE E (CONT.)

Continuation Sheet) Payments Made Schedule E

Amounts may be rounded to whole dollars.

CALIFORNIA FORM I.D. NUMBER Page 8 Statement covers period 10/23/2016

ω 5

1342332

through 12/31/2016 from

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. SEE INSTRUCTIONS ON REVERSE NAME OF FILER Patino for Mayor 2016

meetings and appearances petition circulating office expenses phone banks

member communications

postage, delivery and messenger services professional services (legal, accounting) polling and survey research print ads

independent expenditure supporting/opposing others (explain)*

campaign literature and mailings

legal defense

contribution (explain nonmonetary)*

candidate filing/ballot fees

fundraising events civic donations

SESSES SES

campaign paraphernalia/misc.

<u>0</u>

campaign consultants

t.v. or cable airtime and production costs candidate travel, lodging, and meals staff/spouse travel, lodging, and meals radio airtime and production costs campaign workers' salaries returned contributions SAL SAL TEL TEL TSC TSC VOT WEB RAD

transfer between committees of the same candidate/sponsor information technology costs (internet, e-mail) voter registration

262.99 263.15 414.00 AMOUNT PAID DESCRIPTION OF PAYMENT reimburse sign materials election night party R CODE CMP PRO CMP NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Benevolent & Protective Order of the Elks 1538 Benedetti & Associates, Inc. 2151 S. College Dr Ste 101 Santa Maria, CA 93455 93458 93454 1309 N. Bradley Santa Maria, CA 609 Mill St. Santa Maria, CA John Patino

SUBTOTAL \$ * Payments that are contributions or independent expenditures must also be summarized on Schedule D.

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) FPPC Form 460 (Jan/2016) www.fppc.ca.gov

940.14